

LETTER OF RECOMMENDATION FOR MICN CERTIFICATION

TO: Los Angeles County Emergency Medical Services (EMS) Agency
Office of Prehospital Certification

FROM: _____
Name of Coordinator

Sponsoring Base Hospital/Agency

Name of MICN Candidate

The above named registered nurse is recommended for MICN certification. The attached MICN application packet has been reviewed and it is verified that the candidate:

1. Is currently employed by this base hospital/agency.
2. Holds a valid California registered nurse license and has been licensed as a registered nurse for a minimum of one year (copy attached).
3. Has a valid AHA - ACLS provider or instructor card (copy attached).
4. Has at least one year full-time equivalent critical care experience as a licensed registered nurse within the last three years.
5. Has worked as a RN in an emergency department for a minimum of six months full-time equivalent.
6. Has observed a Los Angeles County Advanced Life Support (ALS) unit for a minimum of 8 hours and has observed at least one ALS patient assessment with a base hospital contact (MICN Candidate Field Observation Documentation Form - Reference No. 1010.3 attached).
7. Has completed an approved Los Angeles County MICN Development Course (copy of course completion certificate attached).

Base Hospital Medical Director or Agency Medical Director

Date

Department Supervisor or EMS Supervisor

Date

Prehospital Care Coordinator or Agency Coordinator

Date